بسم الله الرحمن الرحيم

عنوان المحاضرة: Genital Prolapse

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المحاضر :د. كمال عبد الحميد

Genital Prolapse (Descendus)

Definition: Any descend of a part of the female genital system from its anatomical position

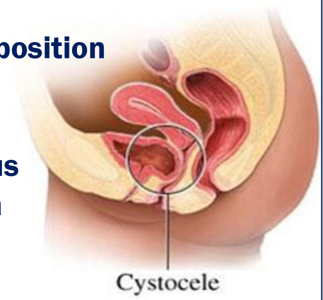
Types:

A) Uterine: (Normal position→ cervix above the level of ischial spine)

-1st Degree: cervix descends below ischial spine but doesn't exceed vaginal introitus

-2nd Degree: cervix is outside the introitus while the rest of uterus still in the vagina

-3rd Degree: (Complete Procidentia) the whole uterus is outside the introitus
(Approximation of the 2 hands can be done above the fundus)



B) Vaginal

1-Anterior wall: -Cystocele (Bladder
-Urethrocele (Urethra)
-Urethrocystocele (Both)

*Vaginal mucosa: an incorrect term as it's a mucous secreting surface but st. sq. epi.

*Landmark to differentiate uterus from vagina is (Vaginal Rugae)

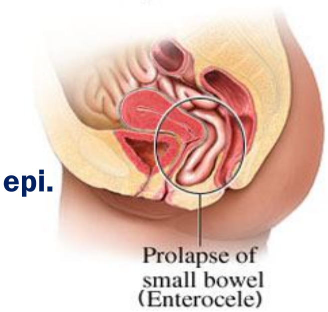
Rugae: Allow distention during delivery, worst journey in the world (Odyssey)
+ Coital function

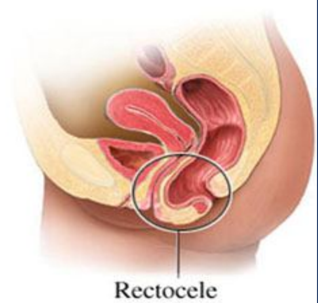
-Condensation of the rugae occurs at 3 Sulci:

1-Submeatal sulcus: at lower end of meatus

2-Transverse sulcus: between urethra & bladder 3-Bladder sulcus

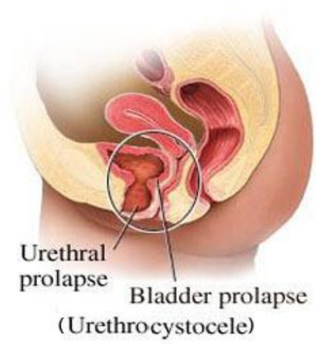
If the descend is: -Between 1 & 2 → Urethrocele
-Between 2 & 3 → Cystocele
-Whole length from 1 to 3 → Urethrocystocele





2-Posterior wall:

	a- Enterocele (Hernia of Douglas pouch)	b- Rectocele
Descend of	Upper part of post. wall	Lower part
Expansile impulse on cough	Present	Absent
Consistency of contents	Gurgling sensation	---
PR	Mass → above the finger	Inside it directly



Etiology:

*Mechanisms that maintain Uterus & Upper Vagina in place:

1) Pelvic Cellular tissues: (main support)

-Lat. Ligament (Cardinal/Mackenrodt): attaches the cervix to the lateral pelvic wall

-Uterosacral ligament -Pubocervical ligament

2) Levator Ani muscles

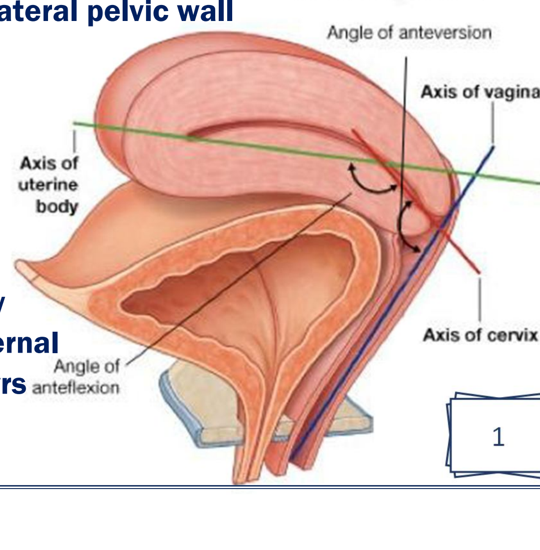
3) Anatomical Position of the Uterus → Anteverted Anteflexed

*Main Etiology of prolapse is →

A) Congenital Weakness of Pelvic Cellular Tissues

1) Neonatal Prolapse: *absence* of these tissues + *breech delivery* (↑Intra Abd. pressure)→Immediate prolapse after Delivery

**Uterus of neonates is hypertrophied under the influence of maternal hormones, then ↓in size, so the uterus of neonates = Uterus of 8 yrs



2) Pubertal Prolapse: (presence of 10 % of Pelvic cellular tissues)
-Due to the ↑ of size under the effect of estrogen → ↑ Blood supply → Uterine growth
**Golden age for Genital infection (T.B.) due to maximum blood supply needed for uterine growth
3) Nulliparous Prolapse: (presence of 30%) -Due to continuous increase in size
4) Primiparous Prolapse: (presence of 40%) -Under obstetric trauma
5) Multiparous Prolapse **6) Grand Multiparous Prolapse**
7) Menopausal Prolapse: -Due to ↓ of estrogen levels → Atrophy of pelvic cellular tissues

B) Obstetric Trauma:
Differs according to: 1-Number of labors (too much) 2-Frequency of labor (Period in-between) (too near)
a) During 1st stage of the labor
1-Straining before full dilatation of the cervix → stretch upon pelvic tissues
2-Usage of Ventouse or Forceps before full dilatation of the cevix
b) During 2nd & 3rd Stages:
Any traction of the soft uterus like in *Crede's Expression* (Massaging) or during cervical repair

- بهانة وشوشو اللي بيحصلهم Prolapse:

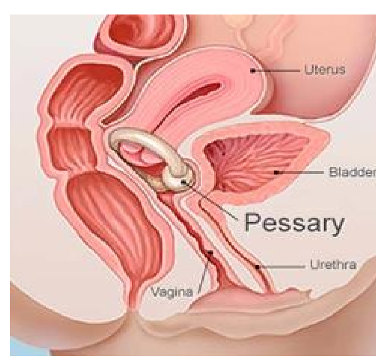
بهانة الغلبانة اللي عندها عيال كتير وبترجع الشغل بدري جدا بعد الولادة (Early return to housework activities)

شوشو المتدلعة اللي نامت وارتاحت في السرير كتير بعد الولادة (Retroverted flexed uterus + subinvolution)

*Exciting Factors: Causes of chronic ↑ IAP (Ch. cough, Ascites, Asthmatic, Tumor,....)

Clinical Presentation:
Symptoms:
1-Sense of insecurity 2-Protruding mass 3-Dragging pain in the epigastrium
4-Urinary Symptoms
a-Cannot empty bladder without reduction of prolapse المياه متطلعش في العالي
b-Frequency of Micturition: -*Diurnal* (d.t. residual urine in the pouch → soon filling of bladder)
-then *Diurnal & Nocturnal* (d.t. Stasis → infection → cystitis→ more sensitive bladder)
**Infection must be eradicated before any surgical interference with the prolapse
c-Stasis / Incontinence
d-Broad ligament descend → descend of the ureter → Ureteric Genu → Kinking of ureter → Hydroureter → Hydronephrosis → Uremia
**Drowsiness is the 1st sign of uremia العيانة بتكلمك وتتوه منك , must be corrected before operation
5-Rectal Symptoms
6-Vaginal discharge:
Cause: Trophic Ulcers caused by venous compression → defect of circulation → defect of nutrition, ischemia & necrosis → Sloughing of necrotic tissues)
**must be treated before operation by (Packing), estrogen is less used as it ↑ bleeding during operation
**Locally effective drugs: (Albothiyl cream) → Apical cauterization (topical hemostatic and antiseptic)
*Cervical elongation (esp. supravaginal cervix): as the weak lower part of Mackenrodt ligament (holding upper vagina) stretches against strong upper part of the ligament (holding supravaginal cervix)
Signs: -Determine the type of the descend –Examine for Trophic ulcers & elongation

Management:
-Take the decision according to:
Age, number of offspring, severity of symptoms, future fertility ....
1) NO Treatment: very mild symptoms + expected future parity
2) Pessary ring:
Indications: 1-Patient isn't fit for operation
2-Pessary test: to detect if symptom is related to prolapse
3-In preparation for operation



3) Surgical:

a) Pre-operative: -Elimination of exciting factors & infection -Correcting of any existing medical condition

b) Operative:

-Cystocele → Anterior Colporrhaphy (Anterior vaginal wall repair)

** Mobilizes bladder, returns it to its normal place, and fixes it there. Cut through the tissues joining cervix and bladder, and then suture the fascia on either side

-Rectocele → Posterior Colpoperineorrhaphy

-Both → Classical Repair (Anterior Colporrhaphy + Posterior Colpoperineorrhaphy)

-Enterocele → as any hernia (Herniotomy – Herniorrhaphy – Hernioplasty)

c) Post-Operative:

1-Tight vaginal packing for 24 hrs → to prevent reactionary bleeding

2-Urinary catheter for 48 hr → Reflex retention of urine

3-Analgesics & Antipyretics

Causes of Recurrence of Prolapse:

A) Pre-operative: -No correction of exciting factors

B) Operative: 1-Bad choice of the operation

2-ill-technique: e.g. hemostasis, infection, bad adjustment of ligament, ...

C) Post-operation: -Early return to work -Anemia & exciting factors

***Fothergill Operation:** (Amputation of cervix in case of elongation)

Steps: 1-Dilatation 2-Anterior Colporrhaphy 3-Excision (Ampitution) of the cervix

4-Shortening & Suturing of Mackenrodt of both sides in front of the Cervix

5-Posterior Colpoperineorrhaphy

***Modified Fothergill Operation:** (in case of woman to get pregnant + only 1st degree uterine descend)

Classical Repair (Anterior Colporrhaphy + Posterior Colpoperineorrhaphy) + Mackenrodt Shortening

***Le Fort Operation:**

Indications: 1-Vaginal Vault Prolapse (After Hysterectomy) 2-Old age, not fit for major operation

*Vagina is obliterated except for 2 small drainage canals on the lat. side for discharge of vaginal mucus.

Repair of the Prolapse can be done **abdominal** e.g. Sling operation, Uteropexy, Sacropexy